

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.		FILING DATE				
							APPLICANT(S)						
							CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.							
1							51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8		2					58						
9							59						
10							60						
11							61						
12							62						
13							63						
14							64						
15							65						
16							66						
17							67						
18							68						
19							69						
20							70						
21	1						71						
22							72						
23							73						
24							74						
25							75						
26							76						
27							77						
28							78						
29							79						
30		1					80						
31							81						
32							82						
33		1					83						
34							84						
35							85						
36	1						86						
37							87						
38	1						88						
39							89						
40		1					90						
41	1						91						
42							92						
43		1					93						
44	1						94						
45			1				95						
46	1						96						
47		1					97						
48	1						98						
49		1					99						
50		1					100						
TOTAL IND.	15						TOTAL IND.						
TOTAL DEP.	42						TOTAL DEP.						
TOTAL CLAIMS	57						TOTAL CLAIMS						